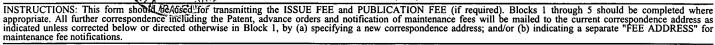
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

MAR 0 7 2005

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

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DLA Piper Rudnick Gray Cary US LLP

GRAY CARY WARE & FREIDENRICH LLP

2000 UNIVERSITY AVENUE E. PALO ALTO, CA 94303-2248

03/08/2005 MMEKONE1 00000026 10043908

APPLICATION NO.

01 FC:2501 02 FC:8001

700.00 OP 30.00 OP

FILING DATE

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certificate of mailing or transmission.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Kathleen LaBrie (Depositor's name)

	Kaţhleen L	(Depositor's name		
	Kathlees	L haboul	(Signature	
	March 4, 2	<del>-</del>	(Date	
FIRST NAMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	

10/043,908	01/11/2002	Robert Russo			2103461-991100		7256
TITLE OF INVENTION: S	SPLASH INHIBITING BEVER	AGE CONTAIN	IER LID				
APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL I	FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$0	\$700		03/17/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS	7		
SMALLEY	Y, JAMES N	3727		220-719000	-		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address of indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been firecordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  Russo  2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents. If no name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been firecordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Robert Russo  Pleasanton, California							LLP
4a. The following fee(s) are	small entity discount permitted)	4b	Payment of A check Payment Payment		nclosed.  8 is attached.	uired fee(s), or	· · · · · · · · · · · · · · · · · · ·
a. Applicant claims S	s (from status indicated above)  MALL ENTITY status. See 37  bis requested to apply the Issue Publication Fee (if required) will ords of the United States Patent		☐ b. Appli	cant is no longer claiming SMA	LL ENTITY		(0)( )

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Typed or printed name Alan A. Limbach

Authorized Signature \_

Date March 4, 2005

Registration No. 39,749

PTO/SB/17 (12-04v2)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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Effective on 12/0	MAR 0 7 2005 6	C	omplete If Known	
Fees pursuant to the Consolidated Approx	oriation & &ct. 2005 (H.R. 481.6)	Application Number	10/043,908	
FEE TRANS	MITTAL	Filing Date	January 11, 2002	
for FY 2		First Named Inventor	Robert Russo	
		Examiner Name	James N. Smalley	
Applicant claims small entity status	. See 37 CFR 1.27	Art Unit	3727	
TOTAL AMOUNT OF PAYMENT	(\$) 730.00	Attorney Docket No.	2103461-991100	

		(ψ) 1 0 0:00					
METHOD OF PAYMEN	T (check all	that apply)					
Check Credit Card Money Order Other (please identify):							
Deposit Account	Deposit Accoun	t Number: <u>07-18</u>	96	_ Deposit Accour	nt Name: DLA F	Piper Rudnick G	ray Cary US LLP
For the above-iden	tified deposit	account, the Dire	ector is hereby a	uthorized to: (che	ck all that apply	y)	
Charge fee(s)	indicated hel	OW	[	Charge fee(s	) indicated held	ow, except for the	filing fee
		s) or underpayme	ents of fee(s)			on, except for the	, ming too
under 37 CFR WARNING: Information on th	1.16 and 1.1	7	L	Credit any ov	• •	form Provide cred	lit card
information and authorizatio				.011 3110414 1101 50 1	noidada on ans	101111.11101100	it dara
FEE CALCULATION							
1. BASIC FILING, SEA	RCH, AND	<b>EXAMINATIO</b>	N FEES				
	FILING I	FEES	SEARCH		EXAMINA	IATION FEES	
	_	Small Entity	- 40	Small Entity	<b>5 (A</b> )	Small Entity	F D-14 (A)
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80 _	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0 _	
2. EXCESS CLAIM FEES							mall Entity
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (inc						50	25
Each independent claim		luding Reissue	es)		•	200 360	100 180
Multiple dependent clai	ms Extra Cla	ims Fee	(\$) Fees Pa	nid (\$)		Multiple Depe	
- 20 or HP		<u>тос</u> х	=			Fee (\$)	Fee Paid (\$)
HP = highest number of total c	laims paid for, i	f greater than 20					
Indep. Claims	Extra Cla	ims Fee	(\$) Fees Pa	<u>iid (\$)</u>		•	
3 or HP		x	<u>=</u>	<u></u>			
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
	xtra Sheets		per of each add	itional 50 or frac		Fee (\$)	Fee Paid (\$)
- 100 = /50= (round <b>up</b> to a whole number) x =						: 	
4. OTHER FEE(S)						Fee Paid (\$)	
Non-English Specia		•	-	•			
Other (e.g., late filing surcharge): <u>Issue Fee (700) &amp; 10 soft copies (30)</u>					730.00		

SUBMITTED BY						
Signature	Whh. De	Registration No. 39,749 (Attomey/Agent)	Telephone 650-833-2433			
Name (Print/Ty	<sup>pe)</sup> Alan A. Limbach		Date March 4, 2005			

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